



Department of Commerce
Safety and Buildings Division
Manufactured Home Unit
PO Box 1355
Madison, WI 53701-1355

**MANUFACTURED HOME COMMUNITIES
AGENT CHANGE FORM**

Agent Name	
Effective Date of Change	License Year

TYPE OF CHANGE (CHECK ONE)

<input type="checkbox"/> New Community <input type="checkbox"/> Reinstate Community <input type="checkbox"/> Increase Sites from _____ to _____ <input type="checkbox"/> Complaint	<input type="checkbox"/> Change of Community Name <input type="checkbox"/> Change of Community Address <input type="checkbox"/> Change of Owner Name <input type="checkbox"/> Change of Owner Address
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NEW COMMUNITY INFORMATION

Community Name	Community ID No.		
Street	P.O. Box		
City/State/Zip			
No. Of Sites	Water:	<input type="checkbox"/> Public	<input type="checkbox"/> Private
	Septic:	<input type="checkbox"/> Public	<input type="checkbox"/> Private

NEW OWNER INFORMATION

Owner Name	Community ID No.
Street	P.O. Box
City/State/Zip	

COMMENTS
